( ) 25/0/29

THE PORT AUTHORITY OF NY & NJ

September 13, 2011

United States Environmental Protection Agency Air Compliance Branch 290 Broadway, 21st Floor New York, NY 10007-1866

Attn: NESHAPS COORDINATOR

RE: TETERBORO AT

TETERBORO AIRPORT – BUILDING # 27, GROUND FLOOR, FLOOD

DAMAGED KITCHEN AREA

CONTRACT # MFA-909.021, OPERATOR PROJECT # 909.013, W.O. #13

Dear Madam/Sir:

Our RACM and NON-RACM project courtesy notification for work to be done at the above referenced location is attached.

If you have any questions please contact me at (201) 595-4881.

Sincerely,

Uday Mehta, Manager

Environmental Field Operations

Construction Management Division

cc:

Project File (EPA-2104)

RACM Notification File

UM/dc

## U.S. Environmental Protection Agency Notification of Demolition and Renovation

Operator Project #:	909.013 <b>P</b> e	ostmark:	Date Received	ı:		Notification #: EPA-2104					
I. Type of Notificat											
II. Facility Informat											
Owner Name: THE PORT AUTHORITY OF NY & NJ											
Address:	241 ERIE ST. ROOM 236										
City:	JERSEY CITY	JERSEY CITY State: NJ					<b>Zip:</b> 07310				
Contact: R. CAMPIONE, FACILITY SUPERVISOR, ASBESTOS OPS							<b>Telephone</b> : (973) 624-6898				
Removal Contractor: B & N & K RESTORATION CO. INC.											
Address:	223 RANDOLPH AVENUE										
City:	CLIFTON	TON State: NJ					<b>Zip</b> : 07011				
Contact:	G. ROGER WOODMAN					Telephone: (973) 478-4681					
Other operator:	her operator: N/A										
Address:									- '		
City:	City: State:						Zip:				
Contact:							Telephone:				
III. Type of Operat	III. Type of Operation (D=Demo O=Ordered Demo R=Renovation E=Emergency)										
	IV. Is Asbestos Present? (Yes/No) YES										
V. Facility Description (include building name, number, floor, and /or room number):											
Building Name: TETERBORO AIRPORT											
Address:	ss: 399 INDUSTRIAL AVENUE										
City:	TETERBORO	ERBORO State: NJ					County: BERGEN				
Site Location:	BUILDING # 27, GROUND FLOOR, FLOOD DAMAGED KITCHEN AREA										
Building Size:	100' X 32' X 12'	#	f of Floors: 1	Age in Years:45+							
Present Use:	AIRPORT OPERATIONS	File Use. And OR OF EXAMONS									
BULK SAMPLING	luding Analytical Methor UTILIZING PLM METHODS		d to Detect the P	res	en	ice of Asb	estos Material:				
	nount of Asbestos, Includin	ig:		П	N		bestos Materials e Removed				
<ol> <li>Regulated ACM to be Removed</li> <li>Category I ACM Not Removed</li> <li>Category II ACM Not Removed</li> </ol>		Non-RACM To Be Removed	RACM to Be Removed			Cat I	Cat II	1	icate asurement		
Pipes MOLDE	ED BLOCK		20					Lnft:	20		
Surface Area FLOOR	TILE, MASTIC	956		H	1			Sqft:	956		
Vol RACM Off Facility	Component			П				Cuft:	0		
VIII. Scheduled Dates Asbestos Removal Start: 09/16/20						11					
IX. Scheduled Dates Demo\Renovation Start:					Complete:						

## U.S. Environmental Protection Agency Notification of Demolition and Renovation

N/A	of Planned Demolition or Renovation Work, and Mo		
At the Dem	n of Work Practices and Engineering Controls to Be nolition And Renovation Site: DLATION NON-FRIABLE REMOVAL WITH WET METHODS		
XII. Waste Trai	nsporter #1		
Name:	JIMMY BYRNE TRUCKING		
Address:	1199 RANDALL AVENUE		
City:	BRONX	State: NY	<b>Zip:</b> 10474
Contact:	EVE BYRNE		Telephone: (718) 617-0771
Waste Trar	sporter #2		
Name:	N/A		
Address:			
City:		State:	Zip:
Contact:			Telephone:
XIII. Waste Dis	posal Site		
Name:	MINERVA ENTERPRISES INC.		
Location:	9000 MINERVA ROAD SOUTH EAST		
City:	WAYNESBURG	State: OH	<b>Zip:</b> 46688
	e:(330) 866-3435		
XIV. If Demoliti	on Ordered By a Government Agency, Please Ident	ify the Agency Belo	w
Name:	N/A	Title: N/A	
Authority:	N/A		
Date of Or	der: N/A	Date	Ordered To Begin: N/A
XV. For Emerg	ency Renovations		
Date and Ho	ur of Emergency: N/A		
Description	of Sudden or Unexpected Event:		
N/A			
	f How the Event Caused Unsafe Conditions or Would Cau	se Equipment Damage	or an Unreasonable Financial Burden:
N/A			
Asbestos IMMEDIATE IS WIPING ALL A	ons of Procedures to Be Followed in the Event That Material Becomes Crumbled, Pulverized or Reduce SOLATION OF THE AREA AND ADEQUATE WETTING OF A FFECTED AREAS	FOLLOWED BY HEPA VACUUMING AND WET	
XVII. I Certify Th Demolition for inspect	at an Individual Trained in the Provisions of This Regulat or Renovation And Evidence That the Required Training ion	eg by This Person Will Be Available	
XVIII. I Cerify Tha	at the Above Information Is Correct.	Owner/Operator) (Date)  Owner/Operator) (Date)	
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